

**PHYSICIANS COMPARABILITY ALLOWANCE SERVICE AGREEMENT**

For use of this form, see AR 690-500; the proponent agency is DCSPER

*Requirements Control Symbol  
OSDZ-001***PRIVACY ACT NOTICE**

**Authority:** This agreement is authorized under 5 USC 5948.  
**Principal Purpose:** To authorize a comparability allowance.  
**Routine Use:** This agreement will be among the sources used to compile reports under 5 CFR 595.108.  
**Disclosure:** Disclosure of the SSN is not mandatory, though failure to do so could result in nonpayment or in delay of payment of the allowance.

1. Authority: AR 690-500, chapter 595.
2. Under provisions of the above authority, a physicians comparability allowance is authorized for prospective employment as follows:

a. LOCATION	b. POSITION AND GRADE
c. NUMBER OF REGULARLY SCHEDULED HOURS PER WEEK IF EMPLOYED LESS THAN FULL TIME	d. ANNUAL RATE OF PAYMENT
e. EFFECTIVE DATE	f. EXPIRATION DATE

**PHYSICIAN'S STATEMENT**

3. As a Federally employed physician, I understand that:
  - a. As a condition of accepting payment, I will serve with the Department of Defense as a physician from the effective date at least through the expiration date of this agreement, unless the agreement is terminated sooner as indicated below.
  - b. If my employment in the position shown above is terminated during the period of the agreement at the convenience of the government, but not at my request or as a result of my misconduct, I will be entitled to retain that portion of the allowance earned to the date of termination.
  - c. If my employment in the position shown above is terminated during the period of the agreement at my request, or as a result of my misconduct, I will be required to refund the total amount received under the agreement if I have completed less than one year. If I have completed one year or more of the agreement, I will be required to refund the amount of allowance earned during the 26 weeks prior to termination. I further agree that assignment at my request to an intermittent or less than half-time (20 hours per week) work schedule shall be equivalent to termination of this agreement at my request.
  - d. If, during the period of the agreement, I become eligible for the comparability allowance under a newly announced category, I may terminate this agreement and execute a new agreement reflecting entitlement under the newly announced category, effective on the date of announcement of the newly assigned category. If I exercise this option, I will be entitled to retain that portion of the allowance earned to the date of termination.
  - e. The allowance will be paid in the same manner and at the same time as my basic pay, but is not considered basic pay for computing retirement entitlement, insurance entitlement, or other benefits related to basic pay.
  - f. The effective date of the allowance is the beginning of the first pay period that begins on or after the date of this agreement.
  - g. This agreement does not in any way commit the government to continue my employment.

TYPED NAME	GRADE	SSN
SIGNATURE		DATE

**APPROVAL OF SECRETARY OF MILITARY DEPARTMENT OR DESIGNEE, DIRECTOR OF DEFENSE AGENCY, OR PERSON TO WHOM  
AUTHORITY FOR APPROVAL IS DELEGATED BY OFFICIAL**

TYPED NAME	GRADE	TITLE
SIGNATURE		DATE

**ENDORSEMENT OF PERSONNEL OFFICER**

TYPED NAME	GRADE	TITLE
SIGNATURE		DATE
FULL OFFICIAL ADDRESS		PHONE NUMBER